

# **PROVIDER LICENSING & INFORMATION**

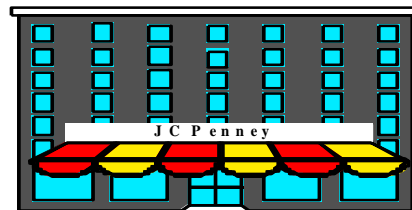
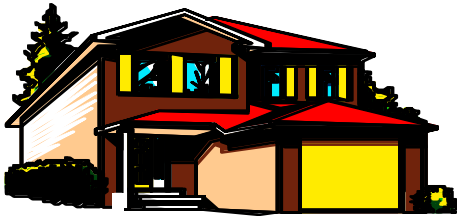
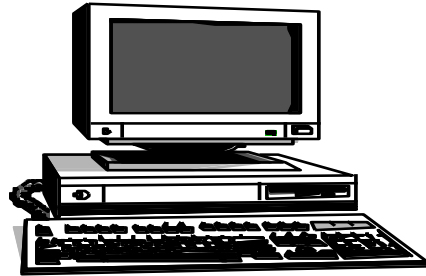
**Provider Search & Details**

**Facility Details**

**Licensing Screen Flow**

**Provider/Facility History Screens**

## PROVIDER SEARCH/MATCHING



PI-02

- Search by provider name or match client needs with providers by entering criteria
- Match is based on type of provider needed and profile of the client
- All licensed foster family homes, adoptive homes, daycare, and agency/facilities are included in provider index for search or matching
- Will allow greater access to providers throughout the state and more detailed provider information

## PROS - Provider Search

```
CAFSPROS                PROVIDER SEARCH                08/31/2011    10:11
USER ID : CS4566
PROV NO : 0007001  001    PROV NAME: YOUTH HOMES
                           FACIL NAME: SUSAN TALBOT HOME FOR BOYS & G

PLEASE ENTER ALL OR A PORTION OF THE PROVIDER'S NAME

PROVIDER NAME : reynolds
OR
PROVIDER NUMBER :
OR
FEDERAL TAX ID NUMBER :

PATH:
```

- This screen provides a means for locating providers who have been entered into the system
  - This includes Day care, Foster families, adoptive families and agencies and facilities
- You can search for a specific provider by entering one of the following criteria
  - PROVIDER NUMBER
  - FACILITY NUMBER
  - First two or three characters of the providers LAST NAME
  - Federal Tax ID Number
- The more search criteria that you have the more limited your search will be
- The system will take you to PROL (Provider List) screen after performing a search
- Be thorough in your search in order to avoid entering duplicate providers into the system

## PROL - Provider List

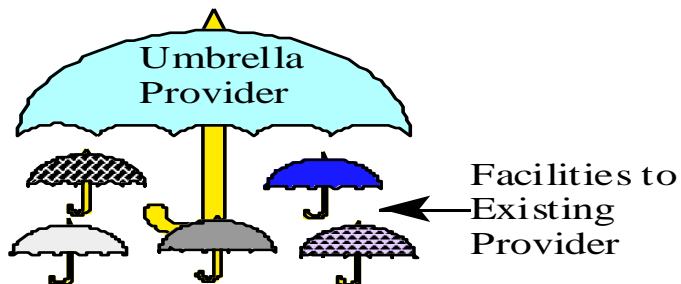
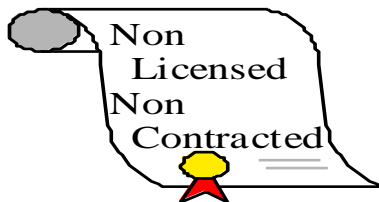
```
CAFSPROL                      PROVIDER LIST                      06/13/2011    9:48
USER ID : CS4566                      PAGE NO:    2
PROV NO : 0000000 000    PROV NAME:

DISPLAY A=ACTIVE OR B=BOTH(ACTIVE AND INACTIVE LICENSES: B
TO SELECT, ENTER S=SELECT, I=INQUIRE OR M=MODIFY
SEL PROV-NO LOC    PROVIDER NAME                                TYP COUNTY
- 0007001 004 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 005 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 006 MISSOULA YOUTH HOMES, INC                        X 032 MISSOULA
- 0001028 001 MMM                                              A 025 LEWIS & CLARK
- 0001116 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001117 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001039 001 MORRIS                                          A
- 0001039 001 MORRIS MARY                                    F
- 0001116 001 MT HOME                                        A 025 LEWIS & CLARK
- 0001117 001 MT HOME                                        A 025 LEWIS & CLARK
- 0007001 003 MYH FRANCETICH GROUP HOME                        F 032 MISSOULA
- 0007001 009 MYH FRANCETICH GROUP HOME II                    X 032 MISSOULA
- 0007001 009 MYH FRANCETICH YOUTH GROUP HOME II            F 032 MISSOULA
- 0007001 008 MYH RADTKE TREATMENT CENTER                    F 032 MISSOULA
- 0007001 005 MYH SHIRLEY MILLER ATTENTION HOME              F 032 MISSOULA

                                PATH: █
```

- This screen will display all matches to the search criteria chosen on PROS (Provider Search)
- You can SELECT, INQUIRE or MODIFY an individual provider on this screen
- You may select a provider and use the fast PATH to access further information
- You may choose to select providers who only have active licenses or providers who have both active and inactive licenses
- To add a provider after a provider search has been completed, press F11
  - PROE (Provider Entry) will be displayed

## PROVIDER ENTRY



PI-03

- Select the type of provider that you will be entering information on
- Default flow of screens specific to the type of provider selected
- Additional information screens may be selected to ADD, MODIFY or INQUIRE on

## PROE - Provider Entry

```
CAFSPROE                PROVIDER ENTRY                06/20/2006   13:52
USER ID : CS4566
PROV NO : 0000000 000   PROV NAME:

                        TO SELECT, ENTER S=SELECT

      S ADD ADOPTIVE/FOSTER/KINSHIP/GUARDIANSHIP PROVIDER
      _ ADD UMBRELLA PROVIDER
      _ ADD FACILITY TO EXISTING PROVIDER
      _ ADD NON LICENSED/NON CONTRACTED PROVIDER

FACILITY TYPE: █

PROVIDER NAME:
ABRV NAME:

                                           PATH: FACD
```

- This screen is used to add a new service provider
- Selecting a particular option from this screen will display ADDITIONAL data below the menu
  - This data must be filled out before ADD processing will continue
- The appropriate Detail screen will appear upon SELECTION
  - Selection 2 and 4 will continue to PROD (Provider Detail) screen
  - Selection 1 and 3 will continue to FACD (Facility Detail) screen

## PROD - Provider Detail

```
CAFSPROD                PROVIDER DETAIL                04/05/2007    10:31
USER ID : CS4566    MODIFY
PROV NO : 0007001    000    PROV NAME: YOUTH HOMES INC.

AGENCY/PROVIDER NAME : YOUTH HOMES INC.
      ABRV NAME : YHI    CPIS PROVIDER      : P
      FISCAL AUDIT DATE :    CPIS NOTIFY      : N
      TERMINATION DATE :    PROVIDER COUNTY   : 032    MISSOUL
      TERMINATION REASON :    ORIGINAL DATE E0/AA : 10/01/1990
                                E0/AA DESK AUDIT   :

      CPIS EMAIL :
WARRANT ADDRESS
NAME      : YOUTH HOMES INC.
LINE 1    : PO BOX 7616
LINE 2    :
CITY/STATE : MISSOULA                MT
ZIP       : 59807 - 7616    COUNTY: 32
FOREIGN ADDR:
COUNTRY   :
CANDN PROUNC:
TELEPHONE : 406 721-2704
START DATE : 06/30/1983    END DATE: 99/99/9999

                                PATH: ■
```

- This screen is used to record/maintain detailed provider information
- PROVIDER COUNTY is required
- If you are adding a NLC (Non Licensed/Contracted Provider, selection 4 from PROE) the address will be required
- The ADDRESS will be verified by Finalist, which is the post office address verification system
- A signed, original copy of the provider's W9 form should be sent in to Central Office/Fiscal as soon as possible for compliance with federal requirements

## FACD - Facility Detail

```
CAFSFACD                FACILITY DETAIL                10/07/2011    15:02
USER ID : CS4566        MODIFY
PROV NO : 0007113    001    PROV NAME: NELSEN WAYNE AND JOYCE
CCUBS PROV NO :
FACILITY NAME : NELSEN WAYNE AND JOYCE
  ABRV NAME : NELSEN                                CPIS PROVIDER: N
WARRANT NAME :                                       CPIS NOTIFY : N
CONTACT ID/NAME : 00002041 NELSEN, JOYCE
DIRECTOR ID/NAME : 00002042 NELSEN, WAYNE
MEDICAID NUMBER :
PROVIDER COUNTY : 025    ASSIGNED WORKER INFORMATION
  LOCKED/UNLOCKED : U    WORKER ID: C84142    RGN: 4 CNTY: 025
  NAME: HOLLING, PAULA
TERMINATION DATE :    PHONE NO: 406 442-6550
REASON:    SCNDRY:
CPIS EMAIL:
-----NATIVE AMERICAN FOSTER FAMILY INFORMATION-----
FOSTER MOTHER/ID: 00002041 NELSEN, JOYCE
AFFILIATION: SP SPOKANE    MEMBERSHIP STS: MV MEMBERSHIP VERIFIED
:
FOSTER FATHER/ID: 00002042 NELSEN, WAYNE
AFFILIATION: YA YAKIMA    MEMBERSHIP STS: MV MEMBERSHIP VERIFIED
:
PATH: 
```

- This screen is used to add or modify information about a specific facility operated by a provider. To re-open a terminated facility, press SHIFT+F1.
  - A signed, original copy of the provider's W9 form should be sent in to Central Office/Fiscal as soon as possible for compliance with federal requirements
- The WORKER ID field is not an enterable field
  - The system will default in the C# of the worker updating the screen. If this is not who the assigned worker should be, once the screen has been updated the facility will need to be transferred to the appropriate worker using the AXED (Assignments/Transfers Detail) screen.
- The DIRECTOR ID/NAME must be entered, this is a person with a CAPS ID
- The CCUBS PROV NO is populated either by:
  - An automatic interface with CCUBS for "daycare only" facilities
  - A resolution made by the CAPS licensing worker for "dually licensed" facilities
- Native American Foster Family information should be entered, if applicable, for the provider



## PADL - Provider Address List

```
CAFSPADL          PROVIDER/FACILITY ADDRESS LIST          06/20/2006   13:58
USER ID : C84142                                     PAGE NO:   1
PROV NO : 0007109  001      PROV NAME: MAHONEY SEAN AND SUSANNE
                                FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE
      START
SEL   DATE      TYP ACT   STREET ADDRESS          CITY/TOWN      ST  LOC  DIR
-    06/01/1996 R    Y    1045 N MONTANA AVE      HELENA        MT  001  N
-    06/01/2006 M    Y    PO BOX 975             HELENA        MT  001  N

                                                                PATH:
```

- This screen displays a history of a provider's addresses
- You can INQUIRE, MODIFY, or DELETE an existing address
- Use F11 (ADD) to add a new address
- Only one address per type (See Code Table) can be active at a time
- To display all the addresses for a provider with multiple facilities, enter the first part of the provider number (7 digits) followed by 000
  - Be sure that if a provider's address is changing or ending that you check the address for ALL facilities associated to that provider

## PADD - Provider/Facility Address Detail

```
CAFSPADD      PROVIDER/FACILITY ADDRESS DETAIL      06/20/2006   13:58
USER ID : C84142  MODIFY
PROV NO : 0007109 001   PROV NAME: MAHONEY SEAN AND SUSANNE
                        FACIL NAME: MAHONEY SEAN AND SUSANNE
                        LAST UPDT: 06/19/2006 BY: CS4566 REYNOLDS, MARY
CONTACT NAME : 00010945 MAHONEY, SUSANNE
DIRECTOR NAME : 00010946 MAHONEY, SEAN

ADDRESS TYPE : R RESIDENCE (PHYSICAL)
ADDRESS 1    : 1045 N MONTANA AVE
ADDRESS 2    :
CITY         : HELENA
STATE/ZIP    : MT 59601 - 3575
COUNTY      : 25 LEWIS & CLARK
FOREIGN ADDR :
COUNTRY      : CANADIAN PROVINCE:
TELEPHONE    : 406 442-1155
START DATE   : 06/01/1996   END DATE : 99/99/9999

DIRECTIONS  :
            :

                                           PATH:
```

- This screen is used to record/display address information about a provider or facility
- You can use this screen to INQUIRE, ADD or MODIFY addresses
- If a provider has a residential address AND a mailing address, enter each one as a separate address
- The screen will display the date and name of the worker that last updated the screen
- Alerts:
  - Sent to the Licensing Family Resource Specialist when a physical address is modified
  - Sent to the Social Worker when the physical address of the provider changes and they have a child placed with the provider

## FALL - Facility Approval/Licensing List

```
CAFSFALL          FACILITY APPROVAL/LICENSING LIST      02/20/2008    10:50
USER ID : C84142                                PAGE NO: 001
PROV NO : 0007109  001          PROV NAME: MAHONEY SEAN AND SUSANNE
                                FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY,          START FROM:
                                D=DELETE, C=COPY OR S=SELECT  FACILITY TYPES:

  FAC  STATUS
SEL  TYP  CUR  PREV  APRV  APPLICATN  ISSUED  EXPIRATION  RENEWAL  TERMINATION
-   YFH  REG           Y   09/01/97   09/30/97   09/29/08   09/30/07

                                PATH:
```

- This screen displays all of the events related to the licensing of a specific facility
- A worker can ADD, INQUIRE, MODIFY or DELETE a particular entry
  - DELETE is only allowed if a license has not yet been approved
  - If the licensing process has begun, but not completed, and the provider decides not to proceed, you should enter WTD (withdrawn) in the approval status field on FALD. WTD status cannot be deleted from FALL (in order to maintain a history of applications for a facility), but the facility will no longer appear on the worker's FCLL (Facility Caseload List)
- It is VERY IMPORTANT that if a provider is changing license types (i.e., foster care to kinship care) that the licensing worker check PRPH (Provider Placement History) and PASL (Provider Active Services List) to see if any clients are placed with/receiving services with that provider. The assigned worker for the client needs to be contacted so they can close the existing service and/or placement if necessary to accommodate the new license as this may affect service codes, rates, etc
- A facility with a PRO (Provisional) license type cannot be paid with IVE funds.

## FALD - Facility Licensing/Approval Detail

```

CAFSFALD          FACILITY APPROVAL/LICENSEING DETAIL    12/18/2007    9:49
USER ID : CB4142    MODIFY
PROV NO : 0006138  001    PROV NAME: BOHNS RICHARD AND CAROLINE

LICENSE NAME      : RICHARD AND CAROLINE BOHNS
LICENSE TYPE      : YFH  YOUTH FOSTER HO    ORIENTATION COMPLETE: N
APPROVAL STATUS   : REG  REGULAR            FAIR HEARING STATUS :
APPLICATION DATE  : 01/01/2007            KINSHIP INT OR NIN DATE:
ISSUANCE DATE     : 02/15/2007            FIRE SAFETY DATE      : 02/10/2007
MAX CAPACITY(M/F):  6 /  6  TOTAL:  6
LICENSED FOR AGES:  0 -                    LIAB INS. EXP. DATE :
RENEWAL DATE      :                      CRIMINAL CHECK  : Y    PROT SERV CHECK: Y
EXPIRATION DATE   : 01/31/2008            DFS33 SENT DATES: 01/01/2007
NEXT REVIEW DATE  : 01/01/2008            DFS33 RECEIVED  : Y    DFS33A RECEIVED:
DENIAL DATE       :                      REF LETTERS SENT: 01/01/2007  01/01/2007
REASON:           :                      RECEIVED DATE  : 01/15/2007  01/21/2007
TERMNTN DATE:     :                      01/12/2007
REASON:           :                      NATIVE AMER PREF:
LICENSED FOR:

----- APPROVALS -----
WORKER: CB4142  APPR: Y  SUPERVISOR: A  BY: CB4142  DATE: 12/18/2007
APPROVAL REQUIRED : N  R.A. :  BY:  DATE:
SHFT+F10=RENEWAL

PATH:
  
```

- This screen captures and displays detail of the licensing history of a specific facility
- Displays the type of service a provider is licensed to provide. A provider may have more than one license type but will always have only one PROV NO
- If any work has been done on a license for a provider, and something happens that results in the license not being issued, the worker should change the APPROVAL STATUS to WITHDRAWN, rather than deleting the PENDING license from FALL. This helps keep accurate statistics of licenses that have been applied for but not necessarily issued
- When a license is ready for approval enter a “Y” in the APPR field
  - A license cannot be printed in DOC GEN until it has been approved
- When a YFH or KIN license is entered, FSPL will automatically be updated with these service codes: STRNS, SRESP, SDALL, SCALL, PFRS1 (YFH), PRRS1 (KIN)
- The FIRE SAFETY DATE and LIABILITY INSURANCE EXPIRATION DATE verify that the facility has met these requirements
- A provider event is created when any modification occurs

- If you are terminating a provider FOR WHATEVER REASON (burned out, moving, etc), check PRPH and PASL in order to contact assigned workers of clients, and also please notify Central Office so overpayments can be recovered if necessary
- Press F12 (lookup) the ID field to identify who the approving worker/supervisor is
- Upon supervisor approval, an ADP (Adoption) license type will automatically set the Regional Administrator approval flag to “Y”. All other license types will automatically set the Regional Administrator approval flag to “N”
- For KIN and TKI license types, a status of INT (Intending to be Licensed) or NIN (Not Intending to be Licensed) can be entered. If either code is entered, the KINSHIP INT OR NIN DATE will be required. When an INT status is entered, the EXPIRATION DATE will default to six months from the INT date

#### **HOW TO RENEW A LICENSE (EVEN AN EXPIRED ONE):**

1. Path to FALL on the provider you are renewing;
2. Tab to the FAC TYP license that you need to renew (if a dually licensed provider);
3. Enter a “M” selection in front of the license with the most recent expiration date (this will likely be the license at the top of the list);
4. Hit Enter. This will take you to FALD;
5. On FALD hit Shift + F10, this will put you in license renewal mode, whereby three fields will be modifiable: RENEWAL DATE, EXPIRATION DATE, NEXT REVIEW DATE;
6. Enter the backdated renewal date;  
*For example: The license expired on 12/15/04, the actual calendar date that you are renewing the license is 01/03/05. You do not want a lapse in the license so you enter 12/16/04 in the RENEWAL DATE field.*
7. Enter the new license expiration date;  
*For example: 12/15/05.*
8. Enter the next review date; and  
*For example: You would like 45 days lead time to send out renewal notices, application, etc., so you enter 11/01/05.*
9. Press ENTER. When you receive UPDATE SUCCESSFUL, the license is ready for your approval and supervisor’s approval.

\*\*\*NOTE: If a license is NOT going to be renewed, it is important that the license be terminated or they will remain on your Facility Caseload List screen (FCLL).\*\*\*

## PRPL - Provider Person List

```
CAFSRPL          PROVIDER PERSON LIST          06/20/2006   14:04
USER ID : C84142                                PAGE NO: 001
PROV NO : 0007109  001      PROV NAME: MAHONEY SEAN AND SUSANNE
                             FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, S=SELECT, OR D=DELETE
                             LIC
SEL CAPS-ID NO RLT LAST, FIRST, M.I.      33  33A  CRC  PSC  END DATE
-   00010946 001 DIR MAHONEY, SEAN          Y      NCH  YPS  99/99/9999
-   00010945 002 CNT MAHONEY, SUSANNE       Y  Y   NCH  YPS  99/99/9999

PATH: █
```

- This screen displays the name, DFS33 & DFS33A indicators, Criminal Check and Protective Services check indicators and the Employment End date for an adoptive or foster family person who is part of a provider family
- A PROV NO (provider number) must be entered in order to access information and to proceed to PRPD
  - Press F12 with cursor on PROV NO to search for a provider or type in the provider number
- A worker can use the F10 RELL function to search for and select individuals to add to this screen
  - If a person already exists on PRPL they will not be added again
  - After one or more persons are selected from the Relationship List (RELL) PRPD will then be displayed to add detail for the selected person(s)

## PRPD - Provider Person Detail

CAFSPRPD	PROVIDER PERSON DETAIL	06/20/2006	14:05
USER ID : C84142	MODIFY		
PROV NO : 0007109	001	PROV NAME: MAHONEY SEAN AND SUSANNE	
CCUBS PROV NO :		FACIL NAME: MAHONEY SEAN AND SUSANNE	
CAPS ID : 00010945		START DATE : 06/01/1997	
LICENSEE NO : 002		END DATE : 99/99/9999	
RLNSHP : CNT	CONTACT	DFS33 HLTH STMT REC: 06/01/2006	
FIRST NAME : SUSANNE		TB : N	IMMUNIZATION : N
MIDDLE NAME :		DFS33A SENT : 05/21/2006	
LAST NAME : MAHONEY		REC : 06/03/2006	
SSN : 516-70-4119		CRIMINAL CHECK REC : 06/05/2006	NCH
BIRTH DATE : 05/24/1956		PROT SERV CHECK REC: 06/15/2006	YPS
BIRTH PLACE : CONRAD		MARITAL STATUS: MA	MARRIED
ETHNICITY : CA	WHITE/CAUCASIAN	DATE : 08/03/1976	
RELIGION : MET	METHODIST	PLACE:	
SEX : F	FEMALE	MAIDEN NM :	
LAST GRADE COMPLETED : 12		PREVIOUS MARRIAGE :	
CCUBS PERSON ID :		NAME:	
EMPLOYER NAME: STATE OF MONTANA			
PHONE : 406 444-2700	INCOME:		STATUS: FT FULL-TIME
			PATH: █

- This screen is used to capture and display detailed information on an individual who is part of an adoptive or foster family or that is an employee of the provider
- If the provider person is a member of the household, the person is classified by their relationship in the household
- If the provider person is an employee, the person is classified by their role
  - Example: Doctor, Nurse, etc.
- After updating, the F11 ADD function allows the worker to enter a new provider person without returning to the PRPL screen
- The CCUBS PROV NO and CCUBS PERSON ID are populated either by:
  - An automatic interface with CCUBS for “daycare only” facilities. All persons associated with daycare facilities on CCUBS will display with a CCP (Child Care Provider) relationship
  - A resolution completed by the CAPS licensing worker for “dually licensed” facilities

### CLTL - Client Types List

[illegible]

- This screen displays a list of the types of clients a specific provider is able to serve
- If more than two SPECIAL NEEDS exist a “Y” will be displayed in the MORE INDICATOR field
- Information is only displayed on this screen, to MODIFY select M to access CLTD (Client Types Detail)



## CLTD - Client Types Detail

```
CAFSCCLTD          CLIENT TYPES DETAIL          05/01/2008    14:57
USER ID : C84142    MODIFY                      PAGE NO:    1
PROV NO : 0007109   001    PROV NAME: MAHONEY SEAN AND SUSANNE
                                FACIL NAME: MAHONEY SEAN AND SUSANNE

FACILITY TYPE: YFH   YOUTH FOSTER HOME
SEX (M,F,B) : B      (SEX OF CLIENT THE FACILITY WILL PROVIDE SERVICE)
AGE BANDING : 0 -      (AGE OF CLIENTS THE FACILITY WILL PROVIDE SERVICES)

TO SELECT, ENTER A=ADD, D=DELETE OR M=MODIFY
SEL CD  DESCRIPTION                                SUB  DESCRIPTION
-  EMD EMOTIONALLY DISTURBED                      ATT ATTACHMENT DISORDER
-  EMD EMOTIONALLY DISTURBED                      ANX ANXIETY DISORDER
-  VHI VISUALLY OR HEARING IMPAIRED                BLI LEGALLY BLIND
-  VHI VISUALLY OR HEARING IMPAIRED                DEA DEAF
-  VHI VISUALLY OR HEARING IMPAIRED                HEA HEARING IMPAIRED
-  VHI VISUALLY OR HEARING IMPAIRED                VIS VISUALLY IMPAIRED
-
-
-
-
SHIFT+F10=ADD MORE SPECIAL NEEDS

PATH:
```

- This screen is used to indicate the sex and special needs of clients that a facility has agreed to provide services for
- You can ADD or MODIFY the SEX code value or ADD, DELETE or MODIFY the list of SPECIAL NEEDS handled by a specific provider by selected SERVICE type
- A new SPECIAL NEED may be ADDED on a blank line, if no blank lines are available press SHIFT + F10 to display additional blank lines

## PTID – Provider Tax Identification Detail

```
CAFSPTID          PROVIDER TAX IDENTIFICATION DETAIL    08/31/2011 10:12
USER ID: CS4566    MODIFY
PROV NO: 0007001 001  PROV NAME: SUSAN TALBOT HOME FOR BOYS & G

ADDRESS TYPE: WARRANT PAYMENT ADDRESS
LINE 1      : PO BOX 7616
LINE 2      :
CITY/STATE  : MISSOULA          MT
ZIP         : 59807 - 7616  COUNTY: 032
FOREIGN ADDR:
COUNTRY     :
CANDN PROVNC:
TELEPHONE   : 406 721-2704
FEDERAL TAX ID: 810331313 FEDERAL TAX ID TYPE: F
ENTITY TYPE : 01 C CORPORATION
SABHRS COMMON VENDOR ID :
1099 REQUIRED FLAG (Y/N): N
1099 INFORMATION VERIFY DATE: 04/23/2007 BY: C71306    AUSTAD, SUSAN
CAPS LICENSE TYPE: TGH  THERAPEUTIC YOUTH GROUP HOME

PATH:
```

- This screen is used by Central Office staff to update the federal tax identification and 1099 information for a provider/facility
- Information displayed includes the facility address, federal tax ID, tax ID , SABHRS Common Vendor ID, 1099 required information and current/active license types
- This screen must be updated before the worker can enter a “Y” in the worker approval field for the license on the FALD (Facility Approval/Licensing Detail) screen
  - Once the Federal Tax ID has been entered, the assigned worker for the facility will receive an alert notifying them that they can now enter their approval on FALD
- The Federal Tax ID field can also be updated by the Regional Fiscal Officer. 1099 information can only be updated by Central Office Fiscal staff

[illegible]

- ## Provider Licensing Training Guide – *Provider Licensing & Information*

## PRFL - Provider/Facility List

```
CAFSPRFL          PROVIDER/FACILITY LIST          06/20/2006   14:12
USER ID : CS4566                                PAGE NO: 1
PROV NO : 0007001 000      PROV NAME: YOUTH HOMES INC.

TO SELECT, ENTER I=INQUIRE OR M=MODIFY

SEL  LOC   FACILITY NAME                                COUNTY
--  --
001  SUSAN TALBOT HOME FOR BOYS & GIRLS                032
002  SUSAN TALBOT HOME FOR GIRLS                        032
003  FRANCETICH GROUP HOME                             032
004  TOM ROY GROUP HOME                                032
005  SHIRLEY MILLER ATTENTION HOME                     032
006  DAN FOX FOSTER CARE AND ADOPTION PROGRAM           032
007  FLATHEAD ATTENTION HOME                           015
008  DENNIS RADTKE HOME FOR BOYS                       032
009  MYH FRANCETICH CHILDREN'S HOME                    032
010  ROCKY MOUNTAIN PARTNERSHIP                         032
011  BITTERROOT ATTENTION HOME                         041
012  MISSOULA YOUTH HOMES, INC.-SIL                    032
013  MYH CASEY PROVIDERS                               032

FS900001 NEW INFORMATION DISPLAYED . PATH:
```

- This screen displays a list of facilities associated with a specific provider
- To see all facilities associated with a provider, enter the PROV NO followed by 000
- If you select MODIFY or INQUIRE you will be transferred to the PROD (Provider Detail) or FACD (Facility Detail) screens to view additional information about the provider
- If you choose to ADD a new provider to this screen you will be taken to the PROE (Provider Entry) screen

## PRRL - Provider Rates List

CAFSPRRL		PROVIDER RATES LIST			06/20/2006		14:13		
USER ID : CS4566		PAGE NO: 001							
PROV NO : 0007001 000		PROV NAME: YOUTH HOMES INC.							
DISPLAY ONLY FACILITY : 000									
FAC		UNT		AGE		EFFECTIVE		END	CON
LOC	SVC	DESCRIPTION	RATE	TYP	RANGE	DATE	DATE	IND	
	SNAAS	ADOPTION COSTS-ADOP			-	08/02/04	99/99/99	N	
	SCMFA	CASE MANAGEMENT, FO		MTH	-	06/01/02	99/99/99	P	
	SCOUN	COUNSELING	35.00		-	01/12/01	06/30/01	N	
	PFTL2	FAMILY FOSTER CARE-	22.96	DAY	-	07/01/95	07/01/95	P	
	PFTHR	FOSTER FAMILY CARE-	31.08	DAY	-	07/01/95	07/01/95	R	
001	SUPIR	UNDERPD IN STATE RE		DAY	-	01/01/99	99/99/99	P	
001	STRKS	TRACKER SERVICES		DAY	-	07/01/95	99/99/99	N	
001	SPSTX	SEX OFFENDER TREATM		SVC	-	07/01/05	99/99/99	P	
001	SMMEX	MISC MEDICAL EXPENS		SVC	-	06/01/03	99/99/99	P	
001	PTGHM	GROUP HOME THERAPEU	30.07	DAY	-	07/01/95	99/99/99	R	
001	PTGHI	GROUP HOME THERAPEU	39.22	DAY	-	01/01/05	99/99/99	R	
001	PTGHI	GROUP HOME THERAPEU	39.22	DAY	-	07/01/05	06/30/07	R	
001	SOSSP	OTHER SUPPORT SERVI			-	11/15/05	12/15/05	P	
001	PTGHI	GROUP HOME THERAPEU	37.71	DAY	-	01/01/05	06/30/05	R	
001	PTGHM	GROUP HOME THERAPEU	28.91	DAY	-	07/01/04	01/01/05	R	
PATH:									

- This screen captures and displays the maximum rate per unit of service for a specific provider's services
- To modify a facility rate the user must go to the Facility Services Provided (FSPL) screen.
- EFFECTIVE DATES denote the dates on which rates became effective
- The UNIT TYPE specify the billing unit such as hourly or daily

## PRPH - Provider Placement History

```

CAFSPRPH                PROVIDER PLACEMENT HISTORY                02/20/2008    11:31
USER ID : CS4566                PAGE NO: 001
PROV NO : 0007109    001    PROV NAME: MAHONEY SEAN AND SUSANNE
                                FACIL NAME: MAHONEY SEAN AND SUSANNE

PLC
CD CAPS ID    NAME                SEX AGE    -LICENSE-    -PLACE DATES-    PLC    ASSIGNE
                                TYPE STS    START        END        STS    WORKER
F 00002081    HARTLEY, JESSICA    F    12    YFH REG    02/19/08  99/99/99    AT    CS4566
F 00002084    FURST, EVE                    F    21    YFH REG    12/20/97  99/99/99    AT    CB6100
F 00002092    TRYNON, MARY                    21    11/02/97  99/99/99    AT    CB6100
F 00002090    TRYNON, NEALL                M    26    11/02/97  99/99/99    AT    CB6100

                                PATH:

```

- The Provider Placement history displays all clients that a provider serves or has served in the past
  - Workers can use this screen to identify the other clients placed with the provider
- No selections or updates are performed on this screen - it is displayed for information only
- The screen will display the following:
  - Type of placement
  - CAPS ID and name of the client
  - Sex and current age of the client
  - License Type and License Status
  - Placement Start and End dates
  - Current placement status
  - Current assigned worker for the client

## PRTL - Provider Training List

```
CAFSPTL          PROVIDER TRAINING LIST          06/20/2006   14:22
USER ID : C84142          PAGE NO:   1
PROV NO : 0007109  001    PROV NAME: MAHONEY SEAN AND SUSANNE
                           FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, D=DELETE OR C=COPY
DISPLAY ONLY CAPS ID :
START FROM DATE :          TRAINING CODES :

SEL  DATE      TNG          LIC
   06/15/06 CPR  CARDIO PULMONARY 00010946 001 MAHONEY, SEAN          4
   06/15/06 HTS  HEALTH AND SAFET 00010946 001 MAHONEY, SEAN          4
   06/15/06 CPR  CARDIO PULMONARY 00010945 002 MAHONEY, SUSANNE        4
   06/15/06 HTS  HEALTH AND SAFET 00010945 002 MAHONEY, SUSANNE        4
   06/03/06 MAP  MAPP TRAINING    00010945 002 MAHONEY, SUSANNE        8

PATH: █
```

- This screen displays the training events specific to a provider
  - Type an M (Modify) or I (Inquire) for a specific entry to access PRTD (Provider Training Detail)
  - D (Delete) will delete the selected entry from the list. Worker must confirm delete with Shift + F4
- To ADD new information press F11, PRTD will be displayed in ADD mode
- When a START FROM DATE is entered the screen displays the training events from that date to the current date
- When specific TRAINING CODES are entered the screen displays only the training events which correlate to the chosen codes

## PRTD - Provider Training Detail

```
CAFSPTD          PROVIDER TRAINING DETAIL          04/10/2008    14:42
USER ID : C84142  MODIFY
PROV NO : 0007109 001   PROV NAME: MAHONEY SEAN AND SUSANNE
                        FACIL NAME: MAHONEY SEAN AND SUSANNE

LICENSEE          : 00010945 002 MAHONEY, SUSANNE

TRAINING TYPE      : CPR  CARDIO PULMONARY RESUSCITATION

TRAINING DATE      : 02/27/2007

TRAINING CONDUCTED BY : RED CROSS

LENGTH OF TRAINING : 4 HRS

COMMENTS:

PATH:
```

- This screen is used to enter training events sponsored by DPHHS or private agencies
- The provider person may be entered by either entering a LICENSEE NUMBER or a CAPS ID
  - If a CAPS ID is entered, it must be an existing provider person for the indicated provider and the licensee number must be a valid licensee for the provider
- A provider event is created when a training detail is added
- Training information can be copied from one licensee to another by using the copy function on PRTL (Provider Training List)



## PRCL - Provider Contact List

```
CAFSRCL          PROVIDER CONTACT LIST          06/20/2006   14:26
USER ID : C84142                                PAGE NO: 001
PROV NO : 0007109  001      PROV NAME: MAHONEY SEAN AND SUSANNE
                              FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE OR M=MODIFY
START FROM :          CONTACT TYPE :

SEL   DATE      TYPE  DESCRIPTION          STATUS SUBJECT
-    06/19/2006  PHC   PHONE CALL             RT   CRIMINAL BACKGROUND CHECKS
-    06/15/2006  COR   CORRESPONDENCE         RC   YFH RENEWAL PACKET RECEIVED
-    06/10/2006  HMV   HOME VISIT             AT   FOSTER CARE HOME INSPECTION
-    06/01/2006  COR   CORRESPONDENCE         SE   YFH RENEWAL PACKET SENT

PATH:
```

- The Provider Contact List screen displays contacts related to a specific provider
  - A provider contact entails communication between a service worker and a provider of service at the location level
- The user will have the ability to select a specific provider contact to INQUIRE, MODIFY, or initiate the procedure to ADD a new contact
- The START FROM field is entered by the user to view the list from that date forward
- The worker can select only certain contact events by entering a specific event type in the CONTACT TYPE field

## PRCD - Provider Contact Detail

```

CAFSPRCD                PROVIDER CONTACT DETAIL                04/10/2008    14:34
USER ID  : CS4566        MODIFY
PROV NO  : 0001001      001        PROV NAME: YOUTH FOSTER HOME
                                   FACIL NAME: MARY FOSTER HOME

CONTACT TYPE      : HMV   HOME VISIT
CONTACT STATUS    : AT    ATTAINED
CONTACT DATE      : 02/27/2007
CONTACT CAPS-ID   : 00129678      CONTACT NAME : DAVIS, MICHELLE A
WORKER ID         : CS4566        WORKER NAME  : REYNOLDS, MARY

SUBJECT           : YFH LICENSE HOME INSPECTION

COMMENTS:
INITIAL HOME INSPECTION FOR FOSTER HOME LICENSE APPLICATION.  ALL LICENSING
REQUIREMENTS HAVE BEEN MET.  CURRENT INSURANCE DOCUMENTS IN HARD COPY FILE.

                                PATH: █

```

- This screen is used to capture/display the date, type of contact, and the contact's person name
- Contact information will not be captured at the agency level but rather the facility level
- A provider event is created when the Foster Care Service is provided
- Only those workers with the supertask for Contract Monitoring can enter contract monitoring contact types for a provider/facility

## PBID - Provider Banking Detail

```
CAFSPBID          PROVIDER BANKING DETAIL          08/31/2011    10:15
USER ID : CS4566   MODIFY
PROV NO : 0007001  001   PROV NAME: YOUTH HOMES

FINANCIAL INSTITUTION
TRAN ROUTING NUMBER      : 123456789

      NAME : FIRST INTERSTATE BANK OF COMMERCE
      ADDR1 : 401 N 31ST ST
      ADDR2 :
      CITY  : BILLINGS           ST: MT   ZIP: 59101 - 1200

ACCOUNT NUMBER      : 987654321      ACCOUNT TYPE : C

STATUS AND STATUS DATE : T  06/02/1999

SABHRS EFT EMAIL :

PATH: █
```

- This screen is used to capture provider banking information in support of electronic funds transfer processing
- Status must be T (test) when first entered
- Status will change to E
  - C = closed EFT status

## FASL - Facility Assessment List

```
CAFSFASL          FACILITY ASSESSMENT LIST          06/20/2006   14:29
USER ID : C84142                                     PAGE NO: 001
PROV NO : 0007109  001          PROV NAME: MAHONEY SEAN AND SUSANNE
                                FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE OR M=MODIFY          START FROM :
                                ASSESSMENT TYPE :

  ASSESSMENT
SEL  DATE      TYPE      DESCRIPTION          RECM      DESCRIPTION
-   06/01/2006   LRA    LICENSING/REGISTRATION ASSESSME  REG    REGULAR

                                PATH:
```

- This screen is used to track the history of a facilities assessments
  - The most recent assessments appear on the top of the list
- The worker will have the ability to select a specific home study to INQUIRE, MODIFY, or initiate the procedure to ADD a new home study
- The START FROM field is entered to view all home studies from that date forward
- The ASSESSMENT TYPE field is used to view certain home study events by entering a specific event type in that field

## FASD - Facility Assessment Detail

```
CAFSFASD          FACILITY ASSESSMENT DETAIL          04/10/2008    14:30
USER ID : CB4142    MODIFY
PROV NO : 0007109  001      PROV NAME: MAHONEY SEAN AND SUSANNE
                                FACIL NAME: MAHONEY SEAN AND SUSANNE

DATE OF ASSESSMENT : 02/26/2007
TYPE OF ASSESSMENT : LRA  LICENSING/REGISTRATION AS
CONDUCTED BY       : FRS  FAMILY RESOURCES SPECIALIST
RECOMMENDATION     : REG  REGULAR

MISSING REQUIREMENTS :
ASC  AFTER SCHOOL CARE

COMMENTS :
NEED TO MAKE ARRANGEMENTS FOR AFTER SCHOOL CARE OF SCHOOL AGED CHILDREN
PLACED IN THEIR FACILITY.
*****
APPROVAL :      BY :      DATE APPROVED :      APPROVER'S COMMENTS:

PATH: █
```

- This screen is used to capture the details of a facility assessment
- The assessment type, date, recommendation and the missing requirements information are contained on this screen
- The entered fields will be checked for standard validation
- A supervisor will record assessment approvals on the lower portion of the screen
- Only those workers with the supertask for Contract Monitoring can enter contract monitoring assessment types for a provider/facility

## PREL - Provider Event List

```
CAFSPREL          PROVIDER EVENT LIST          06/20/2006   14:30
USER ID : C84142                                     PAGE:   1
PROV NO : 0007109  001    PROV NAME: MAHONEY SEAN AND SUSANNE
                           FACIL NAME: MAHONEY SEAN AND SUSANNE

START FROM:          EVENT CODE:

    DATE    EVENT CODE    SUB CODE    SCREEN NAME          DESCRIPTION:
06/20/2006    PRV        ASE        FASD
FACILITY ASSESSMENT DETAILS WERE ENTERED
06/20/2006    PRV        CNT        PRCD
A HMV CONTACT WAS MADE ON 06/10/2006.
06/19/2006    PRV        TRN        PRTD
00010945 RECEIVED PROVIDER TRAINING MAP ON 20060603.
06/19/2006    PRV        TRN        PRTD
00010945 RECEIVED PROVIDER TRAINING CPR ON 20060615.
06/19/2006    PRV        TRN        PRTD
00010946 RECEIVED PROVIDER TRAINING CPR ON 20060615.
06/19/2006    PRV        TRN        PRTD
00010945 RECEIVED PROVIDER TRAINING HTS ON 20060615.
06/19/2006    PRV        TRN        PRTD
00010946 RECEIVED PROVIDER TRAINING HTS ON 20060615.

                                           PATH:
```

- The Provider Event List screen displays a list of all events related to a specific provider
  - The worker has the ability to limit the number of events displayed by entering a START FROM date
- To see specific events an EVENT CODE may be entered
  - Up to seven (7) event codes may be entered on the list and only those events matching the codes will be displayed
- DOC GEN:
  1. Provider Event History Report
  2. Provider Event Detail Report
  3. Provider Letter of Notification

## FCLL - Facility Caseload List

```

CAFSFCLL                FACILITY CASELOAD LIST                06/20/2006   14:32
USER ID : C84142                PAGE NO: 1

DISPLAY F=FACILITIES,R=REPORTS: F                VIEWING CASELOAD OF USER: C84142
DISPLAY A=ACTIVE OR B=BOTH(ACTIVE & INACTIVE): A  FACILITIES OF THE ABOVE USER
TO SELECT, ENTER S=SELECT, R=RELEASE OR T=TRANSFER  DISPLAY VALUES: -
REPORT/
SEL  FACILITY  NAME                ASGN  ACTIVE LICENSES  RPT/ ALRT
TYP----- CODE/STAT -----FACL  IND
- 0006138 001 BOHNS RICHARD AND CAROLI A KIN REG YFH REG F
- 0010295 001 CONNORS TOM AND JANEICE A YFH REG F
- 0006704 001 DILLON RICK AND YVONNE A YFH REG F
- 0006825 001 FARLEY RUSS AND MARY ELL A YFH REG F
- 0005011 001 GRACELAND A YFH PEN F
- 0007117 001 GUSTOVSON OLE AND ANNA A YFH REG F
- 0007115 001 HARWOOD FELIX AND CAROL A YFH REG F
- 0007118 001 HOLLOWAY DONALD AND JEAN A YFH REG F
- 0006082 001 JUAREZ RODNEY AND INEZ A YFH REG F
- 0007109 001 MAHONEY SEAN AND SUSANNE A YFH REG F
- 0007113 001 NELSEN WAYNE AND JOYCE A YFH REG F
- 0007475 001 OAKS DONALD AND LEE ANN A YFH REG F
- 0007123 001 ROSENBERG RICHARD AND KA A YFH REG F
- 0008158 001 RUNNING CRANE URSULA A YFH REG F
TO VIEW REPORTS, DISPLAY USING (R); CHANGE STARTING VALUE FOR MORE FACILITIES
PATH:

```

- This screen displays the caseload of facilities and reports of the licensing worker
- The list can be limited to show only facilities or only reports by entering an “F” or “R” in the DISPLAY field
  - When a record is selected, the Facility Detail screen (FACD) or Report Request Detail 1 (RRD1) is activated
- The transfer option will take the worker to the Assignments/Transfers (AXED) screen
  - Multiple transfers are accomplished by selecting each record with a T (transfer)
- If the worker chooses the R (release) option the facility or report will be released from the users caseload
- If the number of facilities assigned to a worker exceeds 300, a message will be displayed which reads, “MAX SORT LIMIT REACHED - ONLY PARTIAL LIST WILL DISPLAY”
  - The worker will then need to use the DISPLAY VALUES field to narrow the search (i.e., if “A” is placed in the field, all facilities beginning with “A” will be displayed. If “3” is entered, all facilities beginning with “3” will be displayed.)

```

CAFSPAKD                PROVIDER/FACILITY AKA DETAIL          06/20/2006    14:34
USER ID : C84142                                PAGE NO:      1
PROV NO : 0007109   001        PROV NAME: MAHONEY SEAN AND SUSANNE
                                  FACIL NAME: MAHONEY SEAN AND SUSANNE
----- PRIMARY NAMES -----
TO SELECT, ENTER A=ADD, M=MODIFY
SEL  PRIMARY NAMES
-    FACILITY: MAHONEY SEAN AND SUSANNE
-    ABBREVIATED: MAHONEY SUSANNE
-    WARRANT: SEAN OR SUSANNE MAHONEY
----- ADDITIONAL AKA NAMES -----
TO SELECT, ENTER A=ADD, D=DELETE
SEL  ADDITIONAL NAMES                                CCUBS NAME (Y/N)
-    REYNOLDS SUSANNE                                    N
-
-
-
-
-
-
-
-
-
-

```

- ## Provider Licensing Training Guide – *Provider Licensing & Information*



## PASL - Provider Active Services List

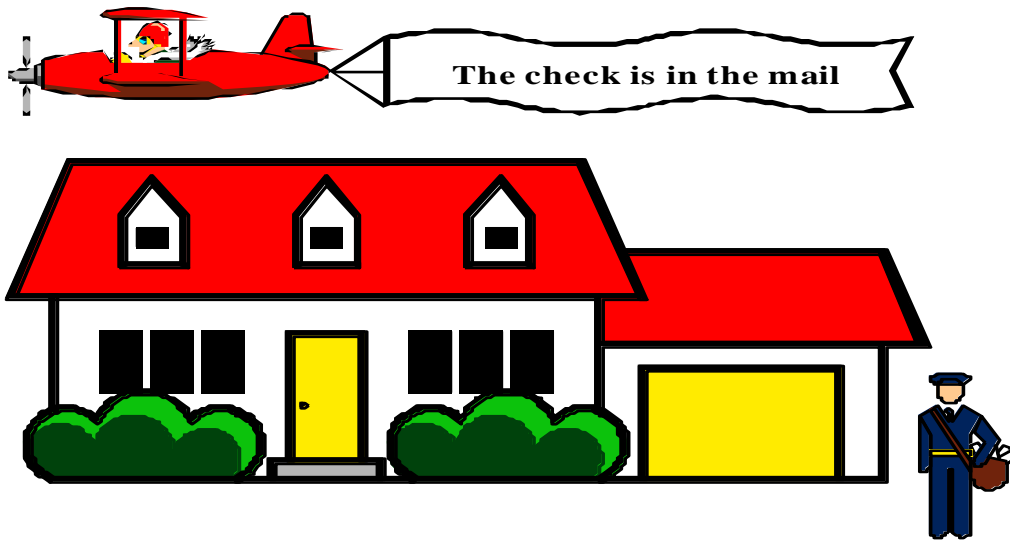
```
CAFSPASL          PROVIDER ACTIVE SERVICES LIST          06/20/2006   14:35
USER ID : C84142                                     PAGE NO:   1
PROV NO : 0006138  001          PROV NAME: BOHNS RICHARD AND CAROLINE
                                FACIL NAME: BOHNS RICHARD AND CAROLINE

TO SELECT, ENTER S=SELECT

SEL  CAPS          # OF          WORKER
CD   ID   NAME     SRVCS  WORKER NAME          PHONE
_   00002112  HARRIS, MELISSA      1  TWENTYSIX, TRAINER

PATH: █
```

- This screen displays all open services on behalf of all clients related to a specific provider
- When a record is selected, SERL (Services List) will be displayed for that client



## WARRANTS

PA-04

- Detailed payment information for specific warrants and specific clients
- The ability to view warrants that have been paid to a specific provider

## WRNH - Provider Warrant History

CAFSWRNH		PROVIDER WARRANT HISTORY		06/20/2006 14:37			
USER ID : CS4566				PAGE NO: 1			
PROV NO : 0001001 000		PROV NAME: YOUTH FOSTER HOME					
BEGIN DATE: 02/2000		END DATE: 06/2006		CUMULATIVE PAYMENTS: 216,559.62			
TO SELECT, ENTER I=INQUIRE OR M=MODIFY							
SEL	FAC	ISSUE DATE	SBAS DOC NO	WARRANT NUMBER	WARRANT STATUS	STATUS DATE	WARRANT AMOUNT
-	001		2000001		PEND	02/05/2000	1,359.68
-	001		2000002		PEND	03/05/2000	1,408.24
-	001		2000004		PEND	03/31/2000	793.60
-	001		2000009		PEND	03/31/2000	1,032.00
-	001		2000010		PEND	02/29/2000	400.00
-	001		2000011		PEND	02/29/2000	120.00
-	001		2000013		PEND	03/07/2000	2,302.14
-	001		2000014		PEND	03/07/2000	6,408.69
-	001		2000016		PEND	03/08/2000	752.68
-	001		2000018		PEND	03/08/2000	2,270.18
-	001		2000023		PEND	04/30/2000	444.00
-	001		2000024		PEND	07/31/2000	40.00
-	001		2000025		PEND	10/05/2000	622.84
-	001		2000027		PEND	10/05/2000	38.28
FS900001 NEW INFORMATION DISPLAYED						. PATH: █	

- This screen displays a list of all warrants that have been paid to a specific provider
- The list displays payments for Client-Based Invoices, Contracted Services Invoices, Trust Account Expenditures, Emergency Warrants, and Overpayment Recovery
- The user will be able to view all the warrants for all the Facilities of a Provider

## WRND - Provider Warrant Detail

```

CAFSWRND          PROVIDER WARRANT DETAIL          06/20/2006  14:37
USER ID : CS4566  INQUIRE                          PAGE NO: 1
PROV NO : 0001001  PROV NAME: YOUTH FOSTER HOME

ISSUE      SBAS  WARRANT  WARRANT  STATUS  WARRANT
DATE      DOC NO  NUMBER  STATUS  DATE    AMOUNT
          2000014  PEND -- PENDING  03/07/2000  6,408.69

EFT TRANS ROUTING NO:          BANK ACCOUNT NO:
ADDR: 3075 N MONTANA AVE
PAYMENT LINE CLIENT/CNTRCT
NUMBER ITEM  NUMBER  NAME  SVC  SERVICE  AMOUNT
000001045   1  00001015  JUVENILE, MIKE  PFRS1 01/2000  12.14
000001048   1  00001016  KID, PROBATION  PFSSI 01/2000  447.20
000001058   1  00001013  JUVENILE, ANN  PFRS1 02/2000  439.93
000001061   1  00001014  JUVENILE, MARY  PFRS1 02/2000  352.06
000001074   1  00001013  JUVENILE, ANN  PFRS1 03/2000  470.27
000001077   1  00001014  JUVENILE, MARY  PFRS1 03/2000  376.34
000001080   1  00001012  JUVENILE, JOE  PFRS1 03/2000  470.27
000001090   1  00001013  JUVENILE, ANN  PFRS1 04/2000  455.10
000001092   1  00001016  KID, PROBATION  PFSSI 04/2000  516.00
000001093   1  00001014  JUVENILE, MARY  PFRS1 04/2000  364.20
000001096   1  00001012  JUVENILE, JOE  PFRS1 04/2000  455.10
REPORT DATES: FROM:          TO:
FS900001 NEW INFORMATION DISPLAYED          . PATH:
  
```

- The Provider Warrant Detail screen displays the detailed payment information for the specific warrant that was selected on the WRNH (Provider Warrant History) screen
- When the service is for a specific client, the CAPS ID will appear in the CLIENT/CONTRACT NUMBER field and the client's name will appear in the NAME field
  - When there is not a specific client, the contract number will appear in the CLIENT/CONTRACT NUMBER field and Service Code Description will be displayed in the NAME field